

American Type Culture Collection

10801 University Blvd., Manassas, VA 20110-2209

Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org



TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED.

1. Name of deposit. If **microorganism**, give complete scientific name including genus and species and source of material; if **virus**, give name, whether plant or animal, and source including geographic location; if **cell line**, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); if **genetic materials**, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if **consortia or mixed culture**, each component of the mixture must be identified; if **seeds, embryos, insect eggs, etc.**, give common name, scientific name, and geographical source.

pSP007 plasmid - pUC 19 containing dep

2. Strain designation (i.e., number, symbols, etc.) NA (not bacterial strains)

The strain designation must correspond with the vial labels.

3. Is this an original deposit under the Budapest Treaty? _____

4. Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. _____

5. Is this deposit a mixture of microorganisms or cells? no

6. Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance. _____

Host - Escherichia coli ampicillin resistant

7. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). _____

NA

- a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics. _____

NA

- b. If deposit is hybridoma, what is the isotype of antibody produced? NA

8. Is this strain hazardous to humans? NA Animals? _____ Plants? _____. If yes, what is the recommended biosafety level for working with this strain? _____. (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm).

9. Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:

a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. **Answering no will ensure the deposit is not available until the patent has issued.** Yes X No _____

b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes _____ No _____ If yes state which countries. _____

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

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BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF
THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3
AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2

To: (Name and Address of Depositor or Attorney)

UMDNJ
Robert Wood Johnson Medical School
Attn: Masayori Inouye, Ph.D.
675 Hoes lane
Piscataway, NJ 08854

RECEIVED

OCT 08 2001

SHSL
IP DEPT.

Deposited on Behalf of: Takara Shuzo Co. Ltd., Japan

Identification Reference by Depositor:

Patent Deposit Designation

Plasmid-pUC 19 containing dep: pSP007

PTA-3682

The deposit was accompanied by: a scientific description a proposed taxonomic description indicated above.
The deposit was received September 5, 2001 by this International Depository Authority and has been accepted.

AT YOUR REQUEST:

- ☒ We will inform you of requests for the strain for 30 years.
We will not inform you of requests for the strain.
The strain is available to the scientific public upon request as of September 5, 2001

If the culture should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace it with living culture of the same.

The strain will be maintained for a period of at least 30 years from date of deposit, or five years after the most recent request for a sample, whichever is longer. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the culture cited above was tested September 14, 2001. On that date, the culture was viable.

International Depository Authority: American Type Culture Collection, Rockville, Md. 20852 USA

Signature of person having authority to represent ATCC:


Tanya Nunnally, Patent Specialist, Patent Depository

Date: October 2, 2001

cc: Guy T. Donatiello, Esquire
(Ref: Docket or Case No.: 0870125-005X)

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under USPTO Rules and Regulations (37 CFR 1.808 [a][2]).

10. ATCC will notify you of your ATCC number after confirmation of viability testing is complete.

Name of individual to notify: Masayori Inouye, Ph.D.

Fax: 732-235-4559

Phone: 732-235-4115

E-mail: inouye@umdnj.edu

11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts Purchase Orders in the correct amount:

Purchase Order No. _____

Check No. _____

Credit Card number. Please indicate MasterCard, VISA, or AE. _____

Exp. Date: _____

Name shown on card: _____
(Please type or print clearly.)

Signature of card holder _____

PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:

Phone: _____ Fax: _____

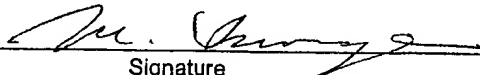
12. Name, address, telephone and facsimile number of your attorney of record. Guy T. Donatiello, Esquire
Schnader Harrison Segal & Lewis, LLP, 1600 Market St., Ste. 3600, Philadelphia, PA 19103

(Ref: Docket or Case No. 0870125-0057)

13. **MUST BE COMPLETED.** Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) Takara Shuzo Co. Ltd., Japan

I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above.

Masayori Inouye, Ph.D.



8-30-01

Typed Name

Signature

Date

UMDNJ - Robert Wood Johnson Medical School, 675 Hoes Lane, Piscataway NJ 08854

Address: _____

Phone: 732-235-4115

Fax: 732-235-4559

E-mail: inouye@umdnj.edu

ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:

Patent Depository
American Type Culture Collection
10801 University Blvd.
Manassas, VA 20110-2209 U.S.A.

STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.

FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.

ATCC USE ONLY: ATCC DESIGNATION _____ REC'D _____ V.T. RESULT _____

Name of Deposit _____ Strain Designation: _____